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ABSTRACT

Although Community Mental Health Centers (CMHCs) are mandated to serve all clients requiring mental health services including those who are mentally retarded, it appears that many CMHCs have no programs designed to address the needs of the retarded. This paper describes a financially sound outpatient program which provides psychological and support services to retarded adults in a large, comprehensive CMHC. The article first provides a justification for mental health services for the retarded. A description of the interdisciplinary staff (director, social workers, psychiatrist, mental health coordinator) and the services they provide (diagnostic testing and evaluation, family therapy, behavioral intervention, counseling, psychiatric medical care) is presented along with a list of ancillary services such as speech therapy, occupational and physical therapy, and sex education. Examples of problems which have been encountered within the community and agency are given (acting out, physical handicaps, time required for extensive case management, staff reluctance to work with the mentally retarded, difficulty in coordinating consistency of treatment) as well as four brief clinical examples of clients served by the program. Lists of the program's assumptions, expected benefits, and goals and objectives are included. (Author/AG)

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OUTPATIENT SERVICES FOR MENTALLY ILL RETARDED CLIENTS IN A COMMUNITY MENTAL HEALTH CENTER

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Outpatient Services for Mentally Ill Retarded Clients in a Community Mental Health Center

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Abstract

Community Mental Health Centers (CMHCs) are mandated to serve all clients requiring mental health services, this of course includes those that are mentally retarded. To date many CMHCs have no programs designed to address the special needs of the retarded so in a sense, are discriminating against this group. This paper describes a financially sound outpatient program providing psychological and support services to retarded adults in a large comprehensive CMHC. The article provides a justification for mental health services for the retarded; a description of the program's interdisciplinary team, its services, its philosophy and objectives, and examples of clients served. Those desiring to start such a program in a CMHC will also be interested in the problems presented which the clinic has experienced while serving its clients in the "mainstream" of the community.

Deinstitutionalization and "normalization" have changed the focus of care for the mentally retarded (MR); they now reside in the community and require the same psychological supports as "normal" citizens. The MR adult sometimes has problems with social relationships or relating to co-workers, bosses and/or customers; family problems (both with natural family and/or community residence) also are not uncommon. Community residential staff have tried to help these clients, as have vocational/pre-vocational staff, school systems (under PL 94-142), families, and specialized programs and therapists. Many programs designed to serve the retarded have historically expanded or developed their services to serve the mental health needs of their clients. If they don't serve these needs (eg. a vocational program focusing only on work issues) then it is hoped the client can get therapy elsewhere in his community. Often however he can not.

Traditional mental health professionals often do not feel comfortable servicing clients with mental retardation. Students in the field of mental health are not trained in the field of mental retardation, in neither their school nor fieldwork environments. Much neglect in counseling of emotionally disturbed mentally retarded persons can be attributed to the lack of sensitivity and familiarity of professionals about the facts and fictions of mental illness and mental retardation. The retarded person coming into a traditional mental health center is often greeted with "I'm sorry we don't serve adults with mental retardation", or "we would be happy to refer you to an agency that specializes in helping the retarded". When a center does service a retarded client it is with

reluctance, or with staff/students who are unfamiliar with MR, or with the selected staff who are more "expert" with developmentally delayed clients. Often the client who does not "fit the mold" diagnostically or otherwise is left in service limbo.

Yet the mentally retarded person does have the same emotional needs as do other clients served by an outpatient counseling center. He needs self-esteem as well as primary, nurturing relationships. He also requires skills by which to meet one's own needs and deal effectively with his environment. He needs to grow in the security of this environment to some level of maturity and success despite his or her short comings, weaknesses and failures. Satisfication of these needs may be more difficult for retarded persons due to intellectual and communication difficulties, but as Zigler (1973) states, "it would be more parsimonious to view the development of the personality of the retarded as no different in nature than the development of personality in individuals of normal intellect". (p. 240).

Counseling has been found to be effective with the emotionally disturbed mentally retarded client. Phillips (1967) feels that the emotional needs of people with retardation are very similar to those of non-retarded people; and that treatment of non-retarded people including psychotherapy or counseling should and can be used with those with mental retardation. Rosen and Rosen (1969) reported a positive increase in the feeling of self-worth of a group of mildly retarded adults after group counseling. Hofstatter and

Hofstatter (1969) and Menolascino (1969) have used both psychotherapy and psychotropic medications to treat emotional disturbance in mentally retarded persons. The former study noted the high incidence of depression in mentally retarded residents of a state institution and the effectiveness of the psychotherapeutic and psychotropic treatemt in these cases. Both Selwa (1971) and Selan (1976) have used psychotherapy with retarded individuals and reported good results. Szymanski and Tanguay (1980) also recommend the use of psychotherapy as useful in some cases. Finally, Mott, Rosenkoetter and Stamantelos (1981) have described how the emotional needs of the retarded can be met through the use of counseling techniques while also citing exemplary programs in the United States which provide these services.

Community Mental Health Center's (CMHC's) are mandated to serve all clients requiring mental health services. This includes those that are mentally retarded. To date, many CMHC's have no programs designed to address the special needs of the retarded and so in a sense, are discriminating against this group. Serving the retarded adult in the community can be a challenging experience and yet with proper staffing and administrative direction a CMHC can develop services which meet the needs of both the agency as well as its potential clients.

The South Shore Mental Health Center (SSMHC) is a CMHC located in Quincy, Mass. serving over 4,000 clients. It has a staff in excess of 150 with 20 student interns (including APA) being trained

each academic year. Child and adult services provide a variety of services through 15 programs ranging from early intervention, aftercare, crisis intervention, special education, residential, and training/consultation to traditional outpatient therapy services. Funding for SSMHC programs is provided by monies from federal, state and local governments as well as third party payments and client fees.

The M.R. Resource Team Program began in the Spring of 1979 and became fully operational in that September through funding by the Massachusetts Department of Mental Health which now pays for about 63% of the program's total operational costs. Remaining revenue is generated through Medicaid (69%), client fees (13%), Blue Cross/Blue Shield (12%) and other insurance (6%).

In the spring of 1979 the SSMHC was serving only 9 MR adult clients in outpatient therapy. The clinical staff in the Aftercare and Adult Outpatient programs did not feel "comfortable" counseling retarded clients, and often these clients were not offered services which fully served their needs. Since the inception of the M.R. Resource Team, the program has served over 100 clients diagnosed as mentally retarded with emotional disturbances. The clients are all adults or high school graduates and live within the center's catchment area. At the present time the staff and consultants are servicing about 80 active clients per month.

Staff now includes a half time Director, a full time Behavioral Therapist, a full time Clincal Social Worker, a quarter time Clinical Social Worker, a 1/8th time Psychiatrist, and a full time Mental Health Coordinator (a half time Family Therapist was recently

laid off due to budget cuts). Staff provide the following services on a regular basis: diagnostic testing and evaluation, family therapy, behavioral intervention, counseling (individual, group, and couple), and psychiatric medical care. The multidisciplinary staff is further augmented by a team of consultants hired to provide such necessary services as: speech therapy, special education, occupational and physical therapy, sex education, travel training, cooking lessons for clients preparing to move into cooperative apartment programs, recreation, expressive therapies, legal advice and adaptive equipment.

Figure I describes the assumptions of the M.R. Resource Team and the benefits expected from the services provided. Please see figure I.

The M.R. Resource Team is designed to compliment services provided to retarded adults, their families and significant others in the community. Many clients served by this program also receive services from residential programs, day programs, employers and the Massachusetts Departments of Mental Health and vocational rehabilitation. Serving the M.R. client in the community requires a diversity of services. The M.R. Resource Team works with each agency serving their clients plus the various programs within the CMHC (i.e. Day Treatment, Crisis Intervention, Continuing Treatment, Residential, Education, and Adult Outpatient Services). The team itself is designed to work on an "interdisciplinary" team approach where the "on line" staff is able to deal with family, individual and socialization problems as well as specific behavior problems.

Through the use of the program consultants a true "interdisciplinary team can be formed so that the client's needs are fully met, eg. counseling, speech therapy, and education. Figure II describes the goals and objectives of the Mental Retardation Resource Team.

Over the past three years the program has encountered some problems within the community and the agency while trying to serve its clients in the "mainstream". Those desiring to start such a program in a CMHC may be interested in the following examples.

1. We have found that the "acting out" behaviors of some of our clients, usually for staff attention, has limited the locations in which we can place the program. Specifically, some of our clients speak very loudly or become quite excitable while waiting for appointments in the waiting room. We also have had a few clients come in very upset demanding attention by masturbating or by holding large knives to their stomach. Although they usually respond quickly to the firm limits immediately placed by staff many "normal" clients find this behavior quite disconcerting. The program has adjusted to this by locating its offices in an areas which is not with outside businesses (i.e. in an office building) and which is not in the same waiting area as the more "normal" clientele.

2. Some of our clients are also physically handicapped; this also includes very elderly parents. We thus require accessable office space.

3. Some very disturbed clients also act out in the community and then give the name of the SSMHC to the police or store owner as the agency responsible for their treatment.

4. To meet the program's objectives it is usually necessary to provide extensive case management. This includes time to attend planning conferences, meet with significant others, advocate for programming, etc. Case management can range from ten minutes per month to rare extremes of six hours a week. Some of this "indirect time" can be billed to Medicaid as case consultation.

5. Mental health professionals not familiar with retarded clients are often reluctant to work with the population. This has required many hours of consultation and training of staff, in order to avail other mental health services in the CMHC for our clients. The efforts have been fruitful, but even after three years there is still more work to do.

6. Consistancy of treatment has also been difficult to coordinate. This is especially true when a client on a behavioral program is being treated by three or more different agencies/programs in the community.

7. We have found that despite our modeling and discussions with people not familiar with mental retardation that other adults will treat our clients as "kids" or "aliens".

This has been particularly true with landlords and law enforcement officials. Many of our less retarded and more "acting out" clients can learn to be responsible for their actions; at times it has been difficult to convince others that this is true!

Four brief clinical examples of clients the M.R. Resource Team has served are as follows. One is a 34 year old Down's syndrome client who was unable to verbally express his feelings. He came for therapy because he was binding up girls in coloring books, hanging them and had knives sticking in their bodies. Another is a referral from a group home on a male client who had problems with interpersonal relationships. A third is a client who on his thirtieth birthday started banging his head with a shovel and required hospitalization and follow up by the program; the fourth is a client who has a "breakdown" while on his job and received follow-up services from the Team staff. The M.R. Resource Team was able to serve these four clients by providing individual, family and group therapy; expressive therapy, consultation and case management with hospitals and employers, and medication.

The interdisciplinary nature of the program thus allowed the staff the opportunity to provide a diversity of services to these retarded adults. By utilizing the resources available and identifying a team of M.R. professionals a CMHC can successfully serve the M.R. adults residing in its community.

FIGURE I

SOUTH SHORE MENTAL HEALTH CENTER

-MENTAL RETARDATION RESOURCE TEAM-

Assumptions:

1. Services to the developmentally disabled should be in an environment which is as least restrictive and normalized as possible.
2. A community mental health center should provide clients with supportive services in their own neighborhood in a way which will not constrain their life styles.
3. Mentally retarded clients benefit most from a comprehensive treatment plan developed by a multi-disciplinary team approach (including client and significant others) which consider the clients strengths and desires.
4. Comprehensive treatment for these clients should include educational, social, psychological, speech, occupational and physical therapy, and vocational services.
5. Extensive work with families is frequently the best assurance of successful rehabilitation and is frequently necessary to prevent institutionalization.

Benefits Expected:

The results and benefits anticipated from the Mental Retardation Resource Team are:

1. Consumers will be less likely to rely on hospital emergency services to act out, or to be unduly dependent on others as a way of solving problems.

2. Clients will learn to assess their own strengths and learn to seek out and utilize resources within the community.
3. Mental health services will be more relevant to the clients as they will be delivered within the context of the community.
4. Therapeutic treatment services will be provided to clients suffering from an emotional, mental, or developmental disorder who may otherwise require institutionalization or hospitalization.
5. Area mental health providers, including South Shore Mental Health Center staff will become more knowledgeable of the mentally retarded through in-service training and consultation provided by the MR Service staff.
6. Outpatient services will reduce the need for more costly and restrictive modes of care, e.g., emergency, inpatient, day treatment.

FIGURE II

SOUTH SHORE MENTAL HEALTH CENTER

QUINCY, MASSACHUSETTS

MENTAL RETARDATION RESOURCE TEAM

Goals and Objectives:

The goals and objectives of the Mental Retardation Resource Team are:

1. To be able to provide an in-depth evaluation of every retarded person who is referred to the South Shore Mental Health Center or who seeks services himself. The evaluations cover the following areas:

   a. Assessment of current and potential level of intellectual functioning and including psychometric evaluation if indicated.

   b. Assessment of current social and interpersonal functioning to include:

      1. Peer and familial relationships and supports.
      2. Ability to form new relationships.
      3. General socialization of skills.

   c. Assessment of current financial, legal, and residential requirements.

   d. Assessment of current vocational functioning and potential including linking with rehabilitation agencies and formulation of rehabilitation plans.

2. Formulation of an Individual Service Plan (ISP) for each new client based on the comprehensive assessment and done in collaboration with the client.

3. Provision of individual, conjoint, group, and family therapy of approximately 71 mentally retarded persons and significant persons in their lives as indicated.

4. Through the use of Department of Mental Health funding, provide consultants to provide diagnosis, evaluation, assessment, and treatment in Occupational Therapy, Physical Therapy, and Speech Therapy.

5. Assisting in case planning when other South Shore Mental Health Center Adult Service staff are to provide the actual service.

6. Acting as a resource for other Adult Service staff dealing with retarded individuals including case consultation, training, and supervision.

7. Establish a monitoring and peer review system for all cases involving retardation being handled within the Adult Service.

8. Establish an effective liaison with area persons and agencies serving the retarded and work with these persons/ agencies to form collaborative treatment plans where indicated.

9. Provide in-service orientation and training to staff and students concerning retardation issues.

10. Work with local, state, and federal agencies and citizen groups to develop new resources for the retarded in the South Shore West catchment area.

11. Establish follow-up procedures and Quality Assurance mechanisms to insure effective and responsive service to the retarded.

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